R-8453 (1/07)
LA 8453

Louisiana
Individual Income Tax Declaration for Electronic Filing

Louisiana Department of Revenue

IRS DCN ▶ 00 - _____ - _____ - 7

Your first name and initial (If joint return, also give spouse's name and initial.)	Last name	Your Social Security Number 1		**2006**
Spouse's first name and initial.	Last name	Spouse's Social Security Number 2		
Present home address (number and street including apartment number or rural route)		Daytime Telephone Number		
City, town, or post office	State ZIP			

Part A **Tax Return Information**

Balance Due ___ , ___ , ___ . 00 **Refund due** ___ , ___ , ___ . 00

Part B **Direct Deposit of Refund (Optional) ❑ or Direct Debit (Optional) ❑**

Routing Number The first 2 digits of the routing number must be 01 through 12 or 21 through 32.

Direct Debit Payment ___ , ___ , ___ . 00

Account Number

Withdrawal Date MM DD YY

Type of Account: (Check one.) ❑ Checking ❑ Savings

Full Payment ❑ **Partial Payment ❑**

❑ Payment made/will be made by credit card.

PART C **Declaration of Taxpayer**

❑ I consent that my refund be directly deposited as designated in Part B, and declare that the information shown in Part B is correct. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.

❑ I do not want direct deposit of my refund or am not receiving a refund.

❑ I authorize the Louisiana Department of Revenue and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in Part B for payment of my State taxes owed on this return. I also authorize the financial institutions involved in processing the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

I understand that if I have filed a balance due return and if the Louisiana Department of Revenue does not receive full and timely payment of my tax liability, I will remain liable for the tax liability and all applicable interest and returns.

I declare that I have examined my state income tax return prepared for electronic transmission to the State of Louisiana and, to the best of my knowledge and belief, it is true and complete.

Please sign here. _____ _____ _____ _____

Your signature | Date | Spouse's signature (if joint return) | Date

Part D **Declaration and Signature of Electronic Return Originator (ERO) and Paid Preparer**

Do Not Mail

I declare that I have reviewed the above taxpayer's return and that the entries on the return are complete and correctly represented to the best of my knowledge, based on the information submitted/furnished by the taxpayer. I also declare that I have complied with all of the requirements of the Louisiana Department of Revenue and in the Louisiana Handbook for Electronic Filers.

Please sign here. _____ _____ _____ _____

Preparer's signature | Social Security Number or ID Number | Date | Telephone

☐ Mark box if also ERO. _____ _____ _____ _____

Electronic Return Originator's signature | Social Security Number or ID Number | Date | Telephone

This form is to be maintained by ERO.